

IPDR6702		NORTH CAROLINA			PAGE: 1		
RUN DATE: 02/06/2006		IPRS CHECKWRITE SUMMARY REPORT					
		CHECKWRITE DATE: 02/07/2006					
		FINANCIAL PAYER: NCDMM					
						TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TWC	TOTAL	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS
						FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8599	2131	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		191	522	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	60	3102	3501
							399
		143	290	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE			
3404904	WESTERN HIGHLAN DS LME	191	46	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME			
		8533	46	SERVICE FACILITY LOCATION CANN OT BE AN ATTENDING PROVIDER IDENTIFIED AS AN INDIVIDUAL.	0	133	7584
		8537	13	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN			7451
3404910	PATHWAYS	8505	1940	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
		8534	197	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	2	2858	6099
		11	183	CLIENT NOT ELIGIBLE ON SERVICE DATE			3240
3404912	CATAWBA COUNTYM ENTAL HEALT	21	36	DUPLICATE OF CLAIM-SYSTEM			
		11	35	CLIENT NOT ELIGIBLE ON SERVICE DATE	8	108	1918
		8621	15	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.			1810
3404913	MECKLENBURG COM ENTAL HEALT	8599	38	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		11	23	CLIENT NOT ELIGIBLE ON SERVICE DATE	10	71	314
		8935	8	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.			243
3404916	CROSSROADS BEHA VIOAL REAL	21	492	DUPLICATE OF CLAIM-SYSTEM			
		8599	78	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	641	10642
		120	30	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM			10001
3404917	CENTERPOINT HUM AN SERVICES	11	1549	CLIENT NOT ELIGIBLE ON SERVICE DATE			
		8518	512	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	116	3195	9215
		8599	338	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			6020

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404918	ROCKINGHAM CO M ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404919	GUILFORD CO MEN TAL HEALTHC	8599	175	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	80	DUPLICATE OF CLAIM-SYSTEM	33	393	5628	5235
		191	49	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404920	ALAMANCE CASWEL L AREA MH D	8599	1099	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	611	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	41	2924	11535	8611
		11	285	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404921	ORANGE PERSON C HATHAM AREA	8505	2904	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	402	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	14	4090	8176	4086
		21	305	DUPLICATE OF CLAIM-SYSTEM				
3404922	THE DURHAM CENT ER	8599	1277	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	313	DUPLICATE OF CLAIM-SYSTEM	90	2485	21727	19242
		191	146	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404923	FIVE COUNTY MH	8599	235	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8000	172	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	2	809	7153	6344
		11	90	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404925	SANDHILLS CENTE R FOR MH/DD	8599	986	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	799	DUPLICATE OF CLAIM-SYSTEM	175	3960	11158	7198
		8505	531	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404926	SOUTHEASTERN RE G MENTAL HL	3404	3500	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
		21	1190	DUPLICATE OF CLAIM-SYSTEM	630	7549	11456	3907
		8599	869	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404927	CUMBERLAND CO M HC	8505	219	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	149	DUPLICATE OF CLAIM-SYSTEM	1	550	3502	2952
		8599	73	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404929	LEE HARNETT MH/ DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY MNTL HLTHC	8599	154	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	41	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	60	279	3996	3717
		8329	22	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404931	WAKE CO HUM SVC BILLING OF	8599	410	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	125	DUPLICATE OF CLAIM-SYSTEM	196	1015	17646	16631
		8931	116	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	1966	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8329	157	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	34	2363	7808	5445
		79	63	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404934	ONSLow CARTERET BEHAV HEAL	11	143	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8952	3	CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION	0	147	235	88
		8599	1	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8599	165	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	6	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	6	174	3044	2870
		8518	2	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404937	EDGEcombe NASH MNTL HLTH C	8518	777	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		21	77	DUPLICATE OF CLAIM-SYSTEM	3	910	5656	4746
		8599	19	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404938	VGFW DBA RIVERS TONE COUNSE	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE ALTH CENTER	21	183	DUPLICATE OF CLAIM-SYSTEM				
		8599	21	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	230	2358	2128
		8622	11	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404941	PITT CO MH/DD/S AS CENTER	8599	119	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		27	117	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB	2	249	650	401
		191	9	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404942	ROANOKE CHOWANH UMAN SERVIC	11	93	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	60	DUPLICATE OF CLAIM-SYSTEM	31	219	2451	2232
		8931	30	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404943	ALBEMARLE MENTA L HEALTH CE	79	171	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8599	83	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	65	417	4218	3801
		21	70	DUPLICATE OF CLAIM-SYSTEM				
3404944	EASTPOINTE HUMA N SERVICES	21	13983	DUPLICATE OF CLAIM-SYSTEM				
		8599	802	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	101	16048	22501	6453
		79	348	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404946	FOOTHILLS AREAM ENTAL HEALT	21	17395	DUPLICATE OF CLAIM-SYSTEM				
		8599	377	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	18416	26592	8176
		191	256	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TMC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404957	TIDELAND MENTAL	8518	145	CLAIM DENIED, SUBMITTED BEYOND				
	HEALTH CTR			FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	103	DETAIL NOT COVERED BY COMBINAT	39	368	3495	3127
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	40	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404979	NEW RIVER AREAM	167	1451	NO CHARGE BILLED. ENTER BILLED				
	H/DD/SA PRO			AMOUNT AND SUBMIT DETAIL AS				
				A NEW CLAIM				
		21	116	DUPLICATE OF CLAIM-SYSTEM	31	1751	5224	3473
		8599	80	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				